

RADIOLOGIC TECHNOLOGY CERTIFICATION COMMITTEE MEETING

March 12, 2008

**KYOTO GRAND HOTEL AND GARDEN
120 SOUTH LOS ANGELES STREET
LOS ANGELES, CA 90012**

MEMBERS PRESENT

**FRIEDA TAYLOR, CHAIRPERSON
EDWARD BENTLEY, MD
DIANE GARCIA, RT, ARTT, CT
ADAM SOMMERSTEIN, MD
JOYCE COHEN, CRT, ARRT**

**NEIL MANSDORF, DPM
ROGER ENG, MD
MELISSA MARTIN, MS
MARGARET HISIN-SHUNG LEE, MD**

MEMBERS ABSENT

**BERNIE GOLER, MD
JANIS OWENS, MD**

CHAD D. WARSHEL, DC

MEETING SUMMARY

Ms. Frieda Taylor, Chairperson of the Radiologic Technology Certification Committee (RTCC) called the meeting to order at 9:00 am. She welcomed the RTCC members, the radiologic technologist's program directors, California Department of Public Health staff, and members of the public. She stated pertinent housekeeping rules and also emphasized that all questions will be held until the public comment period at the end of the meeting agenda. Chairperson Taylor introduced each of the committee members and indicated the medical profession they represented. A quorum of eight members was present.

First Item on the Agenda: Approval of the minutes of the September 26, 2007 meeting. Motion to approve the minutes by committee member Sommerstein, seconded by committee member Mansdorf. **Motion passed.**

Second Item on the Agenda: Phillip Scott, Chief, Regulations Unit opened by presenting clarification of the Computed Tomography and Positron Emission Tomography (CT/PET) issue that was discussed at the last RTCC meeting. He said the term CT/PET stands for computed tomography and positron emission tomography a recently developed procedure in diagnostic medicine. CT is an X-ray machine procedure that is regulated by the Radiologic Technology (RT) Act and PET is regulated by Nuclear Medicine laws which have their own separate regulations that implement the certification process.

Mr. Scott said the basic law for radiologic technology states that "it shall be unlawful for any person to administer or use diagnostic or therapeutic X-rays on human beings in this state unless that person is certified or permitted, acting within the scope of that certification or permit, and is acting under the supervision of a licentiate of the healing arts". He pointed out that there is one exception to this law and that is if you are a student in an approved school for radiologic technologist and operating X-ray machines under the supervision of an approved supervisor. Also, the certification in radiologic technology does NOT authorize the use of X-ray equipment unless under the supervision of a certified supervisor or operator (licentiate of the healing arts). Therefore, the act allows for training of the student in an approved school.

By comparison the nuclear medicine laws that came into being in 1978 are different from the radiologic technologist act that was passed in 1969. He defined nuclear medicine as "that technology applied under the supervision of a physician and surgeon that pertains to the utilization of radiopharmaceuticals for the diagnosis and treatment of diseases in humans". Nuclear medicine technologist must meet certain competence criteria in basic education, laboratory instruction for imaging and safety instruments, radioactive material, and waste handling. They have to complete clinical experience of a total of 200 procedures of in vitro test and uptake studies. However, the state does not have the authority to approve schools of nuclear medicine technology like it does with radiologic technology schools.

AB 2720 attempted to bridge the RT Act with the nuclear medicine technology laws so that it would reduce the regulatory burden on the community when CT/PET is performed.

Mr. Scott then proceeded to define some sections of the Law as it pertains to Radiologic Technologic: Radiologic Technology Act, Health and Safety Code (HSC) sections 106955, 10711 and 114840-114896; HSC section 106965: Unlawful for any person to administer or use diagnostics or therapeutic X-ray on human beings unless that person is certified, acting with the scope of that certification or acting under the supervision of a licentiate of the healing arts. Note: students are exempt.

HSC section 106975: Refers to students in an approved school for radiologic technologists when the students are operating X-ray machines under the supervision of an instructor who is a certified radiologic technologist or a certified supervisor or operator. A key point to remember is that students are exempt.

HSC section 106980: Allows an individual to come into a program for the use of diagnostic, mammographic, or therapeutic X-ray equipment except under the supervision of a certified supervisor or operator.

Mr. Scott then explained the Nuclear Medicine Technology Law, HSC, sections 107150-107157.

HSC section 107150: Statutory definition – means that technology applied under the supervision of a physician and surgeon that pertains to the utilization of radiopharmaceuticals for the diagnosis and treatment of disease in humans.

HSC section 107155: Any person not currently licensed as a physician and surgeon pursuant to Chapter 5 of Division 2 of the Business and Professions Code who performs nuclear medicine technology shall be subject to the standards of competence established by the department pursuant to this article.

California Code of Regulations (CCR), title 17, section 30520: Competency Criteria – basic education, laboratory instruction and clinical experience. College level 20 specific topics – laboratory instruction – 200 procedures.

CCR, title 17, section 30540: Students of Nuclear Medicine Technology

CCR, title 17, section 30509: Students of Nuclear Medicine Technology means a person who has started and is in good standing in a course of instruction that would permit the person to receive a certificate in Nuclear Medicine Technology issued pursuant to section 30532.

CCR, title 17, section 30521: Supervision requirements – general and direct.

CCR, title 17, section 30532: Issuance of certificates – application on file and pass department exam.

CCR, title 17, section 30533: Certificate scopes involves measurement of uptake, dilution, or excretion, but not involving imaging, Diagnostic X-ray Nuclear Medicine Technology (DX NMT) procedures involving imaging, the use of generators and reagent kits for radioactive material and internal radioactive material therapy.

Committee member Martin asked for clarification regarding the level of supervision. Mr. Scott stated that it would be under general supervision; a person who is an authorized user identified on a specific license.

Next, Mr. Scott explained Assembly Bill 2720 (Stats. 2006, ch. 220) Assembly Bill 2720 authorizes CRTs to perform a PET scan only on a dual-mode machine if the CRT holds a current certificate in PET issued by the NMTCB, complies with the regulations issued by the Department governing students of Nuclear Medicine Technology, and is under the supervision of a person who is an authorized user identified on a specific license authorizing medical use of radioactive materials (RAM). AB 2720 also authorizes CNMT to perform a CT scan only on a dual-mode machine if the CNMT holds a current, valid certificate in CT issued by the American Registry of Radiologic Technologists (ARRT), is a student, and is under the supervision of a person who is an authorized user identified on a specific license to use for medical use pursuant to the Radiation Control Law (RCL).

Note: Nuclear Medicine Technology Certification Board (NMTCB) certifies, Certified Nuclear Medicine Technologist (CNMT). The Radiologic Health Branch (RHB) certifies, Certified Technologist Nuclear Medicine (CTNM). Both are certified to perform nuclear medicine procedures.

Therefore, the CT/PET Advisory states:

A certified Nuclear Medicine Technologist (CNMT) with ARRT/CT certificate or a CRT with NMTCB PET certificate or a student in both an approved RT school and NMT program can operate CT/PET equipment. The CNMT is not required to be certified if X-rays are used only for attenuation correction and not for diagnostic CT imaging. Performance by either CRT or CNMT may only be under the supervision of an authorized user specified on a radioactive materials medical license.

For an individual who is ARRT certified to operate CT/PET equipment, they must possess a CT Certificate in radiography and also be licensed in Nuclear Medicine Technology or Radiation Therapy.

For clinical experience they must perform 125 CT exams and pass the required examination.

NMTCB – PET permit – must have an active NMTCB, ARRT or CNMT certification, 700 hours of clinical experience on a dedicated PET or PET/CT scanner, 45 hours of coursework and pass an examination.

Committee member Cohen asked about the average length of the school due to the fact that there is no two-year approved school.

Mr. Scott replied that the regulations only say that the school has to ensure the individual completes certification.

He said in the nuclear medicine arena, it's not a number of hours; it's the number of college-level instruction.

Committee member Eng asked Mr. Scott how many are RT schools, and how many can provide a certification pathway for the nuclear medicine techs. In other words, how many currently offer a course specifically designed to allow them to complete it?

Mr. Scott stated he did not know, but approval is based on passing the examination, then enter the job market, and be able to do nearly everything, with some limitations.

Chairperson Taylor stated that since we are ahead of time, we will entertain questions from the audience.

Ms. Anita Slechta disagreed, respectfully. She mentioned that she has a certification program in CT, and the difficulty is their bachelor's program has to be flexible. The problem is the extra fee for every clinical site to place one student and that would be prohibited. The bigger problem is CRT going to nuclear medicine because 700 hours is too much – can't work and fit 700 hours into a reasonable 24-hour day. Ms. Slechta will have a CT course in the fall from Cal State Northridge.

Committee member Eng asked Mr. Scott, if it is his opinion, if there are any RT schools that offer and/or any graduates from said school that have completed the program, since so many facilities might not be in compliance with the regulations.

Mr. Scott stated he didn't know the compliance issues or what they were at the moment, nor did he know how many others that were working in or out of compliance.

Bob McDermott, Kaiser Permanente, asked Mr. Scott how you can address the shortcuts because it's specifically spelled out that you have to be either a CRT or an NMT.

Mr. Scott answered that if the CRT completes a certain number of training hours and performs a certain number of injections under direct supervision, and then they are authorized to perform injections.

Ms. Luran Alipoon, Loma Linda University then asked Mr. Scott two things; first at Loma Linda University they added CT/PET scans to their nuclear medicine program, but they have a stand alone CT program. Does this fit into the regulations?

Mr. Scott said that the regulation and the law are very broad. If you have a CT program and apply X-ray, then you may have difficulty with the regulations and the law. Thus your school may not be an approved RT program.

Ms. Alipoon replied that the school will be approved in the fall.

Ms. Alipoon asked her second comment/question. If someone only has a California license, they can't sit for the ARRT CT?

Mr. Scott interjected that under AB 2720; if they are students then they fall within the law. It's not a clear area. There is no explicit guidance from the legislature on this area.

Ms. Anita Slechta asked Mr. Scott if she entered Laura's nuclear med program, can she do fusion because she is a CRT who can do CT and not a student in nuclear medicine and there is no tie to ARRT?

Mr. Scott answered, no that's just fine.

Chairperson Taylor interjected one point. As modifications are made to existing programs to accommodate different things, you will want to get credit for those approvals. Please contact Ms. Sudana Kwok, who is the Section Chief of the RT school program, to make sure that your changes are approved. Otherwise, you may be adding something to your program that will not be part of our approval process.

Committee member Eng wanted clarification regarding if you are a Nuclear Medicine Technologist, and you want to get your qualifications to do CT, do you actually have to enroll in a formal RT program or just be in a CT program, which may be a shorter duration and under the auspices of an RT school?

Mr. Scott answered that the exception section deals with the circular problem of requiring yourself to be under yourselves supervision. He gave an example of a physician who is exempt from the RT act because there is another section of the law that says any licentiate, if under healing arts and administers or uses X-ray diagnostic or therapeutic X-ray of humans, shall be certified under this act. It is very circuitous because you have to sit down and look at all these different laws in front of you and map out the processes that are actually occurring or the requirements that are in place.

Committee member Martin stated that she and committee member Eng are both confused on the same point, and asked Mr. Scott to further clarify.

Mr. Scott said yes, they have to be exempt. The individual has to be a student in an approved school. That approved school now has oversight of the individual and the individual is exempt.

Committee member Martin asked would it be an option for them to get their CT approved without being a full-fledged RT? Mr. Scott said, absolutely, yes but understands that once they get that CT certificate, it only allows them very limited use of dual-mode machine and perform a CT scan on that dual-mode plan.

Chairperson Taylor asked committee member Eng if he had another comment. Committee member Eng stated that Mr. Scott's answer was a bit contradictory and then asked, so a Nuclear Medicine Technologist can enroll in an RT approved school without being a formalized RT program if that program is a specialized CT-only curriculum?

Mr. Scott answered, no the program has to be approved. The students have to fall within that approved school.

Committee member Eng then said, well, technically, in order to perform X-ray you have to be certified by a recognized affiliation. If there is no CT certification, then they potentially violate this other regulation.

Mr. Scott then said, no, the Bill starts with the words "Notwithstanding any other provision of the Radiologic Technology Act." If the RT is only authorized to do a PET scan because of those words, it carves a little niche out. The individual performing within that niche is fine. Once you move out of the niche, then everything else applies.

Committee member Cohen then asked that if you are a Nuclear Medicine Tech, you can go into an approved RT program and just take the CT part.

Mr. Scott answered, all the law says is that you are exempt from the certification requirement if you are a student in an approved school.

Committee member Cohen asked, so when they stop being a student, what? Mr. Scott interjected then they are subject to all the other requirements.

Committee member Cohen asked questions about Ms. Alipoon's Loma Linda University and Ms. Alipoon said yes, they would be running through the CT portion of their approved RT program, in order to sit for the ARRT boards so that they can use CT during PET scanning.

Committee member Garcia reiterated that when an RT goes through a nuclear med program, they are only allowed to do just PET/CT scan and not the full scope of a nuclear med program. When the nuclear medicine tech. goes through a CT program, they are allowed to do just PET/CT scanning and not the full scope of the CT, as a diagnostic technologist would do.

Mr. Scott answered, no, the law doesn't limit it.

Committee member Garcia asked if they can only do it for PET/CT. Mr. Scott said no, the law does not limit an individual. Once you meet the certification requirements under AB 2720, it does not say you can do CT/PET. It says that the nuclear med tech gets the CT certificate, then they can perform a CT scan, but that scan has to be performed on a dual-mode machine. The same holds true for an RT when they do a PET scan. They can do a scan, but the RT cannot do a "spect" scan and that is different equipment altogether.

Committee member Garcia said, so the nuclear medicine technologist is allowed to, on top of operating the scanner dually, do single?

Mr. Scott said yes, that it is exactly what the ARRT authorizes.

Committee member Martin wondered if the training programs would have a negative impact to schools reporting statistics if a significant number of students will not finish a program?

Ms. Anita Slechta stated that their reporting mechanism reports entry level, the ones that are not RT. Their attrition rate is based on who is entering the full program.

Ms. Stephanie Eatmon, Cal State Long Beach had a question regarding why are they limited on a dual machine but could do diagnostic CT? Mr. Scott stated that you only have to complete 700 hours of clinical experience using PET or a PET/CT scanner, and once you meet the NMTCB's eligibility requirements, then you can take the exam.

Ms. Anita Slechta asked if the 700 hours is a full program and if it limits their certificate.

Mr. Scott answered, yes.

After the break, committee member Sommerstein stated that clarification would need to be made and he wanted to compliment Mr. Scott on trying to unify a very circuitous situation. Committee member Sommerstein suggested that talking points could be developed that spell out in more detail. For example, I'm in a large teaching hospital and nobody has any idea what's going on and it's difficult to explain.

Chairperson Frieda Taylor asked Mr. Scott if that is something he could facilitate.

Mr. Scott stated that he would have to discuss with Gary Butner.

Chairperson Frieda Taylor then asked Don Bunn to make note and follow up and distribute what is appropriate.

Third Item on the Agenda: Legislation and Regulation Update.

SB 1670 (2006) – Regulations effective January 1, 2007, which mandated the department to provide a mechanism whereby limited permit X-ray technicians could be authorized to use digital X-ray equipment.

AB 2374 (current) – To clarify that training can be done as OJT under physician-developed policies and supervision.

AB 2700 (current) – No substantial changes to RT Act. Removal of expired dates.

DPH-07-004 – Authorization for X-ray technicians to perform digital radiography and school curriculum requirements. Effective 3-15-08.

R-25-03 – Industrial Radiography Certification – OAL deadline is April 14, 2008. Estimated effective date is May 15, 2008.

Next, Mr. Scott discussed how to write Regulatory Standards to be adopted into regulations. Examples that do not meet standards; appropriate; regularly; is proficient; sufficient; periodically; adequate; all faculty members should maintain regular contacts with appropriate state and national professional societies; and for approximately every 20 students enrolled in a program, there should be one designated full-time or full-time equivalent qualified faculty. Separate requirements – Clinical Coordinator is required if the program has six or more clinical affiliate sites or more than 30 students enrolled in the clinical component. Clinical Coordinators need a B.S. degree and must hold a valid California diagnostic radiologic technology certificate, and lastly, a valid fluoroscopy permit.

Mr. Scott gave an example of how a requirement should be written: Each individual certified pursuant to this Article shall report to the department in writing any changes of name within a 30 day period. OR- Interpreting physician means a licensed physician who interprets mammograms and meets the requirements of section 30315.50 and possesses a current and valid radiology supervisor and operator certificate, and meets the requirements specified in title 21, Code of Federal Regulations, section 900.12(a)(1).

Ms. Nancy Perkins, Bakersfield College, asked about the document that was received on the digital radiography issue that he addressed on digital radiology and the minutes from the last RTCC meeting and was confused about the continued education requirements (four hours) for both XT's and CRTS.

Mr. Scott stated that this topic will not be addressed today.

Chairperson Frieda Taylor interjected that what Ms. Perkins would like to discuss is on page 6 of the minutes. Chairperson Taylor quoted, "The RTCC recommends that all licensed technologists, CRT and XRT, must receive training in digital radiology as a portion of their continuing education requirements for license/certificate renewal".

Ms. Anita Slechta then asked about AB 2374 and wanted Mr. Scott to clarify "training that can be done at OJT", and if it was specific to XT? CRT?

Mr. Scott said that the language is extremely vague. He told Ms. Slechta to monitor all legislative activity and she said that she would.

Chairperson Taylor stated that we have RHB representatives within each of the sub-committees and maybe we can look into some additional training in Sacramento specific to these six points so they can have a better understanding so you can spend your time appropriately submitting the documentation. So, within the next 30 to 60 days, we will get together internally to see if we can get everybody in one or two sessions to give them additional training and thus feedback after the training.

Ms. Nancy Perkins, Bakersfield College, stated that the Informational Notice dated February 26, 2008, in regard to the authorization to do digital, you send in your application, and you will be sent back an authorization form. She wanted to know if it will look like her permit. An XT permit? A CRT?

Chairperson Taylor asked Mr. Scott to clarify.

Mr. Scott said to check the new website which should include Digital Radiology. Print out the information and pull up your information, then print it out, and then send a copy to your employer.

Chairperson Taylor interjected that the new permit from the mail will state in bold; "INCLUDING DIGITAL RADIOGRAPHY" and Mr. Scott agreed.

Mr. Scott mentioned website changes; and the old RHB website will disappear; the new website will have subject related topics.

Mr. Bob Ortega, Los Angeles County, CDPH, Radiation Management, asked Mr. Scott a question about the scope of XTs doing digital radiography.

Mr. Scott noted when an inspector comes; they will evaluate the facility and will cite a facility if an individual is working out of scope. The important thing is to make sure you are in compliance with the regulation.

Committee member Cohen asked two questions; 1) is there a search tool on the web site for digital, and 2) will a new certification be issued?

Mr. Scott replied, yes. When you go to the web page, there is an application – permit search tool.

Chairperson Taylor stated that if the application has not been approved, you should not see it on the name search tool. It is the same process that we have always used; just another category. Chairperson Taylor stated, yes, same process – just another category.

Committee member Martin asked about the hot link to send to the new website. Mr. Scott said he will work with IT to do that.

Ms. Anita Slechta asked a question regarding if you have a program that has this content, what will the student have to send you to get their diploma approved. Chairperson Taylor said that we have applications now that will not be keyed in until after the regulations have been implemented. She asked Mr. Scott or Ms. Sudana Kwok to answer.

Mr. Scott answered and explained the application process. You have a program, it identifies their name and all the instructions are complete, and number of hours included...that is what we want to see.

Chairperson Taylor asked if this was related to Ms. Slechta's present school and she replied, no.

Ms. Anita Slechta stated she has a continuing education company, ESTR that provides fluoro education and is approved by the state. Ms. Slechta asked if she needed to list all the content on that approval.

Chairperson Taylor said that it would make it faster.

Ms. Sudana Kwok then added that once we look at it we would know that it meets all California requirements, and then that school's name is on our list.

Mr. Scott added that the certification section staff did an excellent job setting up procedures for the implementation of these new regulations.

Ms. Brenda Wright, Assistant Program Director for Maric College, asked if we are wanting to implement the digital curriculum into our current XT curriculum, and what will we need to submit other than the student's diploma to say that they have taken the digital courses?

Ms. Marilyn Cantrell, CDPH Certification Unit, replied that Ms. Wright will have to submit her curriculum, so they can look it over and make sure it is in compliance.

12:00 Break for lunch

1:00 Chairperson Taylor reconvened the meeting. She said she felt Mr. Scott's regulation presentation was excellent and provided guidance to sub-committees for how to write their suggested changes to the minimum training standards so they can be easily developed into new regulations. The sub-committees should evaluate each proposal against the "six points" Mr. Scott emphasized.

Fourth Item on the Agenda: Minimum Standard for Limited Permit Schools/Proposed Regulatory Changes Report presented by Linda Ortega, Chairperson

Ms. Ortega introduced the sub-committee members who are: Marilyn Cantrell, Joyce Cohen, Diane Garcia, Dr. Neil Mansdorf, Hope Martinez, Joseph A. Melanson, Ann Smeltzer and Dr. Chad Warshel.

Ms. Ortega's slide presentation gave the following:

Curriculum changes – The curriculum shall provide for the acquisition of such knowledge, skills, and attitudes – problem solving abilities as are required to qualify students for the appropriate state examinations, reasonable assurance that the students can pass such examination and be sufficient breadth to assure competence for employment as limited permit X-ray technicians.

Minimum Length of Training – The course of study shall extend over a period of at least six months. Recommended total hours of instruction – increased from 100 hours of basic classroom instruction to 210 hours of basic classroom instruction. These changes reflect where they are at the present time. The sub-committee will address clinical education at the next meeting.

Question from committee member Garcia, any chance of adding competency into those hours?

Ms. Ortega stated that they have been discussing that same question. There are a lot of competency based questions to deal with.

Committee member Garcia then said, okay, so what about outcomes?

Ms. Ortega stated that it would be part of the same discussion as competency. There are a lot of points to consider.

Committee member Dr. Bentley asked: what is the basis of hours that were selected on each topic?

Ms. Ortega stated that the minimum hours are based on an old RTCC recommendation that was made but never adopted into regulation.

Committee member Dr. Lee asked for clarification on doing away with both GI and GU and combined it as abdomen non-contrast?

Ms. Ortega, stated, there is no longer GI per RTCC recommendation. The GU is still out there; however, there are no programs that offer it as a category. So we've changed GU to a basic abdomen which shows all the organs necessary for a GU exam.

Committee member Dr. Eng asked for clarification of the number of hours and distribution for chest X-rays? And he wanted to know what the other members thought about the chest; whether it's RT or XT, in clinical practice, should we consider increasing that amount to measure it with the actual usage?

Ms. Ortega said the sub-committee did not address the clinical aspects only the didactic. She stated that discussion with the two RT program directors; they felt that it was a realistic comparable number.

Committee member Cohen, asked Dr. Eng where would you like to see the hours mostly presented? In pathology or positioning?

Committee member Eng stated that both will be appropriate.

Mr. Scott stated that there were recommendations to modify those two permit categories, and they stand as recommended.

Chairperson Taylor asked if the prior recommendation that was not acted on can be combined with the sub-committee's work so that it can be promulgated together.

Committee member Garcia had a question concerning chests X-rays – competency based instead of process based, will help alleviate some of the problem and increase the hours.

Committee member Cohen asked about a previous recommendation by the RTCC to get rid of GU and changing GI to abdomen.

Mr. Scott said that is a recommendation by the RTCC and it has not been acted upon by RHB yet but it is still in his workload to complete.

Chairperson Taylor asked that the LP sub-committee incorporate all previous recommendations into their work so that when their final product is done it will have everything they feel should be made into the new training standards.

Ms Ortega agreed.

Ms. Ortega concluded by commenting that members of the sub-committee did an outstanding job. The communication was kept very open and turnaround time was fantastic. There is a lot of positive feedback from the XT community. There are still some things that need clarification, but on the whole, everyone on staff did an outstanding job, and she wanted this to publicly go down on record for today's meeting.

Fifth Item on the Agenda: Minimum Standard for Bone Densitometry Technician Radiology Programs / Proposed Regulatory Changes Report – Presentation by Beverly Tracewell

Sub-committee members are Dr. Janis Owens, John Shepherd PhD, Linda Wilkin PhD, Jennifer Yates, Carrie Ann Little, Wendy Tellez, and Debora Vail.

Ms. Tracewell extended her thanks and appreciation to all the committee members who participated in the review. They responded to meeting calls, questions and deadlines for completing the task on time. She began by explaining what Bone Densitometry was and the duration of three days for the training course which is concentrated. It is a very narrow field that is operator dependent to get the exam right.

Ms. Tracewell presented the sub-committees recommendations:

The definition of **Clinical Supervision** refers to the role of the one who provides direct supervision of the students as they acquire the scans required by the curriculum.

The committee recommends adding this definition because clinical supervision had never been defined. The role of the clinical supervisor is critical to the appropriate acquisition of required scans. This definition clarifies the role of the clinical supervisor as it relates to bone densitometry. This definition is currently not part of the standards and this will clarify. No documents are affected by this change. No additional technologies or equipment are required.

"Direct Supervision" means that the supervisor is present in the same room with the student at the time X-rays are being administered to the patient.

"General Supervision" means responsibility for, and control of, quality, radiation safety, and technical aspects of all X-ray examinations and procedures.

The training both Didactic & Clinical shall extend over a period of at least three days but not more than one month.

Ms. Tracewell stressed that the clinical instructors should observe every single scan a student does because it takes that long to be able to do it well. The sub-committee recommends that each student must do 20 exams in a clinical setting before they can be considered trained. Clinical training is divided into two parts; one to properly position the body part to determine the bone densitometry and the other is the issue of radiation

safety. Since radiation exposure from the equipment is minimal there is very little hazard from Bone Densitometry exams. She concluded her suggested changes and asked if there were any questions from the committee members.

Committee member Dr. Sommerstein questioned the credentials of the clinical supervisor?

Ms. Tracewell said the committee had intended to state the minimum experience for the clinical supervisor should be two years.

Committee member Eng needed clarification of who the committee recommended for the position of supervisor operator.

Ms. Tracewell stated that the person in that position had to be a licensed physician who registered the machine and was responsible for radiation safety at the facility.

Committee member Eng asked if Ms. Tracewell could have a definition section that refers to the radiation safety officer and who the radiation safety officer is.

Committee member Garcia wanted "Direct Supervision and General Supervision" defined, and asked if they were existing definitions.

Ms. Tracewell answered, yes they are.

Ms. Garcia suggested that the term general supervision be removed from the suggested changes.

Ms. Tracewell agreed.

Dr. Eng asked if the sub-committee would continue to work on the two terms to improve the document before presenting it for approval by the RTCC.

Ms. Tracewell agreed the sub-committee needs to continue to work on recommendations.

Sixth Item on the Agenda: Minimum Standard for Fluoroscopy Schools/Proposed Regulatory Changes by Melissa Martin

Ms. Martin thanked her committee Dr. Eng, Dr. Bentley, Nancy Perkins, Anita Slechta, and Charlene Vick (RHB representative), who has done a lot of work traveling back and forth from Sacramento to Northridge, a feat very much appreciated.

Ms. Martin talked about the two assignments the committee was given; the major one was updating the syllabus on fluoroscopy radiation protection. The other assignment

was to review or revise recommendations to the current minimum standards for fluoroscopy schools.

Ms. Martin told the audience that they have been very diligent in going over the syllabus; line by line. All the nine chapters have been revised. There were lots of appendices. This document outlines a credentialing and privileging program guide for users of fluoroscopy equipment in medical facilities. So, in essence, there were three conclusions. First, that graduates of JRCERT accredited programs that have passed their ARRT exam in radiologic technology be allowed to immediately sit for the fluoroscopy permit exam. Second, if you are going through a program that is not JRCERT accredited, that you have 40 hours of training as currently documented in the fluoroscopy school curriculum, and last, JRCERT graduates who have not had the 40 hours of training.

The manual will be completed by June '08 after they receive input from the RTCC & RHB staff then it will be presented for approval to the RTCC during the fall '08 meeting.

Chairperson Taylor asked for feedback from the committee members.

Committee member Garcia asked for clarification regarding as soon as a student graduates from the radiology program, do they need to submit any paperwork or can they just take the fluoro test immediately.

Ms. Martin stated as long as they can submit the paperwork and that they have covered the minimum hours as currently listed in a fluoroscopy school, they can take the fluoro exam.

Committee member Garcia asked Ms. Martin that if the student applied for ARRT, do they automatically apply for the fluoroscopy exam at that particular time.

Ms. Sudana Kwok added that if the school is JRCERT or not, it does not matter when an applicant takes the ARRT exam for the RT exam. The reason the paperwork is done is because the regulations states it that way.

Ms. Charlene Vick, CDPH, a member of the fluoro committee, stated you had to be a CRT before you could apply for your fluoro permit.

Ms. Sudana Kwok explained that the current requires that a person be a CRT before they can apply for a fluoro permit.

Ms. Martin said that she did not know of any other state that required an X-ray technologist to have a separate fluoro permit.

Chairperson Taylor stated this should be dealt with internally so you can see what is feasible and realistic and take it back to the committee members for further clarification.

Committee member Garcia – made a **motion** to accept the intent of the recommendations that the (fluoroscopy) sub-committee has put forward. Committee member Sommerstein seconded it and Chairperson Taylor asked for the question. **Motion passed.**

Anita Sletchta said the motion should cover all three proposals by the sub-committee and to take fluoro out of the state exam.

Dr. Neil Mansdorf wanted clarification on Diane's motion.

Ms Garcia clarified the motion by saying "I would like to make a motion that we accept the intent of these recommendations and have the committee move forward".

There was still confusion about Diane's motion because the committee made six recommendations and it was not clear if they wanted to split the fluoroscopy licentiate permit process.

Ms. Garcia withdrew her motion.

Dr. Eng made a motion to clarify what the committee had just voted on.

Chairperson Taylor stated that the best way to proceed was to vote to remove the other motion and state a new all inclusive motion. Dr. Eng agreed.

Committee member Eng made a **motion to rescind the original motion. Seconded by committee member Dr. Sommerstein. Motion passed.**

Committee member Dr. Eng made a **motion the RTCC recommendations adoption of recommendations 1, 2, 3, 5, & 6 of the sub-committee's report. Seconded by committee member Martin. Motion passed**

Chairperson Taylor apologized for the diversion and thanked Ms. Martin and the committee for their clarification.

Seventh Item on the Agenda: Minimum Standard for Diagnostic Schools/Proposed Regulatory Changes by Anita Sletchta

Ms. Sletchta had three documents that were provided to the audience. One is the program approval procedures for diagnostic radiologic technology programs. Next, is a white paper on the Sub-Committee on Minimum Standards for Education of Radiologic Technologists, and lastly, a one-page PowerPoint presentation.

Ms. Sletchta introduced her subcommittee: which included herself, committee member Joyce Cohen, Andrea Dutton, Jacquelyn Finney, committee member Diane Garcia, Dawn Charman, Xuan Ho, Nancy Perkins, Lisa Schmidt, Angela Wilson, Julie Miller of RHB and Leslie Winter. They met on Elluminate, a web-based program for conferencing. Most sub-committee members are program directors. Their focus was to incorporate outcome-based education and to eliminate process-based standards, which is a major change in mindset for all. They also focused on Mr. Scott's six points, and

divided into groups of two. Highlights included the white paper and the sub-committee believed that the California minimum standards are out of scope and out of practice for what is currently being done in the state of California in JRC-approved programs today. The intent of the law was to protect consumers. Ms. Slechta and sub-committee added to the standards to include clinical sites that meet California requirements for CRTs having their certificates, not just being ARRTs, and also for equipment. The committee recommends the department continue to accept the full accreditation of California CRT schools. In addition to the required documentation of full JRCERT accreditation status, the RHB will require documentation to include a minimum number of clinical hours. In the standards, 1850 hours was kept intact.

The next step for the committee is to make sure the intent of the educational content is maintained, rather than trying to take very busy program directors trying to teach them how to write regulations. JRCERT-approved programs demonstrate integrity and present to the communities of interest and the public in the pursuit of educational excellence and the treatment of and respect for students, faculty, and staff. So in essence, some verbiage needs to be changed, some re-clumping of categories so that items are not duplicated. Bottom line; the completeness of these standards are met.

Chairperson Taylor addressed Ms. Slechta's point of regulatory expertise, and stated that more additional training will be done with the RHB representatives to ensure that the six points are addressed.

Committee member Eng stated that he felt the discussion about JRCERT was to be handled by Diane Garcia's sub-committee but he was in support of the competency – based concept rather than process-driven concept but he was concerned about various parties of RHB regarding the two concepts. He also wanted to know if there was a perception change, or is the concerns still an issue?

Chairperson Taylor referred to a document by Dr. Reilly, which said until 2011, we would accept JRCERT as the standard.

Ms. Slechta said the committee wanted to eliminate process-driven standards and do what the Feds and everyone else is doing, that is accepting the higher standard.

Chairperson Taylor mentioned that the Health and Safety Code gives the authority to accept a third-party accreditation.

Chairperson Taylor stated that the word is not "grandfathered" in and it needs to be clear. You have to go through the process...the six points, and at this point, RHB cannot accept the report because the work is not complete. Those three points that were identified no longer exist if they are grandfathered. The intent needs to be clear.

Mr. Scott added a comment regarding the competency-based white paper. All the hardcopy of the research material is needed. All the references. Fax it to him so that he can include the data into the rule making background material.

Committee member Bentley made a motion that the RTCC support the intent of the work and encourages Ms. Slechta and sub-committee to move forward in the same direction. Committee member Sommerstein seconded. Motion passed

Eighth Item on the Agenda: Minimum Standard for Therapeutic Schools/Proposed Regulatory Changes by Stephanie Eatmon

Ms. Eatmon introduced the members of her committee: Elaine Chin, Carol Davis, Michelle Body, Debora Stastny, Chris Forell, Gary Garham, and Debora Vail of RHB. All did a great job. Stephanie Eatmon stated that the committee addressed the scope of practice for radiation therapist in California which they rewrote to give details of current practices. She would like to see this scope written into the regulations. Other items the sub-committee will be addressing are:

1. Change from process oriented to competency based curriculum.
2. Accept the ASRT curriculum and ensure that fluoroscopy and other imaging modalities used in simulation and/or localization are included.
3. Accept the JRCERT Educational Standards for Radiation Therapy Programs with the addition of:
 - a. Equipment registration requirements
 - b. Affiliation agreement to include site visitation by RHB
 - c. Federal facilities requirements
 - d. Four year interim reports

Ms. Eatmon's next step is for the group to meet in person and to draft the standards document.

Ninth Item on the Agenda: Joint Review Committee on Education in Radiologic Technology (JRCERT)/Proposed Regulatory Changes by Diane Garcia, Chairperson

Diane Garcia introduced the sub-committee members: Wendy Tellez (RHB rep), Anita Slechta (Cal State Northridge), Lisa Schmidt (Pima Medical Institute), Barbara Kissel (Pasadena City College), John Radtke (Los Angeles City College and Charles Drew University), Pamela Jones (Canada College), Xuan Ho (Santa Rosa Jr. College), Kyle Thornton (City College of San Francisco), Patty Sperry (Mills-Peninsula Hospital Radiology Program), and Debra McMahan (Santa Barbara City College), which represented a wide range of types of programs. The committee was charged with reviewing the JRCERT process and comparing it with the RHB's requirements for radiology school evaluations.

Ms. Garcia made a motion that the State of California, Department of Public Health, Radiologic Health Branch, continue to accept the JRCERT as an approved accreditation body for California radiologic technology schools. Additionally we (the committee) request that the CDPH/RHB allow for all California-based radiologic technology schools to continue utilizing Veterans Administration hospital systems provided the Veterans Administration hospital systems abide by

CDPH/RHB standards as so mandated by the CDPH/RHB memo distributed on August 2007. Seconded by committee member Martin.

Committee member Mansdorf suggested Ms. Garcia should change her motion to include issues RHB had with JRCERT. She agreed and asked to amend her motion. Chairperson Taylor said the discussion on the motion should continue before it could be amended.

Committee member Sommerstein asked what regulations can RHB impose on the VA (federal hospital system).

Chairperson Taylor explained that the clinical training site agreement is between the school and the training facility not between RHB and the training facility. She also stated that each clinical training site must employ physicians and technologists who are certified in California and their machines must be registered with the state of California. The school must verify that these requirements are met at all of their clinical training sites. These were issues discussed in the white paper that was presented March 12, 2007 to RTCC by Ms Sudana Kwok.

Committee member Bentley asked if these issues were reconciled by the JRCERT sub-committees work so far?

Ms. Garcia said they will have to go back and reconcile that particular area. She then asked to pull her motion.

Motion pulled.

Committee member Dr. Bentley made a motion that the RTCC supports the intent of work and reconciliation of differences between JRCERT and RHB so that they can continue to work. Seconded by committee member Dr. Sommerstein. Motion passed.

Ms. Judy Rose, Merced College, is on the sub-committee for the Minimum Standards Revision for Diagnostic Radiography Programs. She repeated much of what was already said by the two previous presentations.

Committee member Eng suggested the sub-committee should look to a potential model between the Joint Commission on the Accreditation of Hospitals and California's Title 22 for a comparison and to look at it as a potential model. For instance, Joint Commission-type practice processes and Title 22, which compliment each other. They have multiple inspectors as to different time periods, which may be a potential role model to look at in regard to additional state requirements.

Barbara Kissel, Clinical Coordinator, Pasadena City College, stated that she is a site visitor for JRCERT, and agrees there should be unannounced site visits. She takes her job very seriously and spends two or three days at the site, and it is usually a 5 to 8 year

accreditation. Ms. Kissel had one question regarding an orthopedic office where she worked for 26 years and only had two site visits in that time period.

Chairperson Taylor stated that the state actively investigates allegations, and would document and proceed with the investigation if a complaint was filed.

Chairperson Taylor then stated that this was the comment period, and each person has two minutes of public comments.

Public Comments

Ms. Dawn Charman, Program Director, El Camino College, commented about clarification of the 20 hours of digital curriculum for the radiologic technology programs. Chairperson Taylor asked Ms. Kwok and Mr. Scott to send Ms. Charman an email, or come up and discuss it now.

Mr. Scott asked was it regarding the package that came out with the curriculum form that you send in that shows you get your 20 hours of curriculum? Ms. Charman stated that she saw that information, but also saw a listing for 20 hours of digital curriculum that was approved by the state. Ms. Kwok then asked what package she was referring to. Ms. Charman stated it was for the RT program and the CRT program that they had 20 hours of digital curriculum. She submitted about 4 inches of curriculum and in that was well more than 20 hours of digital. Ms. Charman asked if RHB was going through and reviewing everything, or wanted her to extrapolate out to prove that 20 hours of digital curriculum was taught before providing El Camino College a digital curriculum before July, when it is due. Ms. Kwok asked if she met all the requirements, and Ms. Charman stated, yes. Ms. Kwok then said to email her and she will pull her file and take a look and contact her to see if she does not have to do it again. Ms. Charman asked if she was asking each school to submit a separate proof of curriculum and Ms. Kwok stated that if you already have been approved, there is no reason to submit the paperwork again. She can just pull the school folder, and then if it is not quite there, we will have you submit your curriculum on a change form.

Chairperson Taylor asked Mr. Scott that it is assumed that RTs already have the 20 hours, and he answered, yes. The school package that went out included the curriculum form that said the RT schools 20 hours of curriculum should be addressed at their next inspection.

Chairperson Taylor said that if Ms. Kwok comes and inspects on Monday and reviews your curriculum and there is something missing from those 20 hours, at that point you need to extrapolate and clearly demonstrate where they are.

Ms. Charman then wanted to go on record regarding the fluoroscopy exam. The students cannot take the test until they have graduated, have their CRT and digital licenses. When they are seeking employment after graduation, one student took the exam and has been waiting five and a half months for a license. Somewhere in the

process her application was lost. When a student wants to work at Kaiser, they must have their fluoro license before they can work, so they are limited in the ability to find suitable employment. I am asking that we try to come up with a way to help our graduates be able to work sooner at the time of graduation, based on the hold that they were getting with the processing of the fluoro application, and then having to take the test, and then having the state process the certificate.

Chairperson Taylor stated that the sole issue is a regulatory requirement issue. The regulations were very clear and Ms. Charman's point is taken in the record.

Ms. Charman asked if within the regulations can she request a variance and Chairperson Taylor stated that she is welcome to request a variance.

Mr. Joseph Melanson, Gem Educational Services, commented on Bone Densitometry and the training program that was discussed and it seemed that the regulations or proposed standards were written with regard to one particular school. He has a bone densitometry program of at least five weeks of classes, not a three day program. Since we don't have on-site laboratory with patients we do clinical affiliations that take approximately 45 to 60 days, and sometimes extend out to 90 days. Another point is regarding terminology, and I don't believe there is proper terminology. Another point is about instructors. Shall they be physicians, physicists, technologists, technicians, or equivalent qualified by training and experience. Could it be a vendor or an instructor? They do not work with the patients at all times, and they really need to be people who actually deal with patients, knows exactly what is going on with them. Mr. Melanson also wanted to access Ms. Tracewell's email address and Chairperson Taylor suggested that Ms. Wendy Tellez provide him with that information.

Ms. Andrea Guillen-Dutton, Program Director at Chaffey Community College, stated as she travels up and down the state, she suggested we keep in touch with consumer protection. Also, as a member of one of the sub-committees, she thanked all the members for their hard work. She is aware of all the work everybody puts in; all the research, but the bottom line is consumer protection. Her view is that the goal is to incorporate accreditation curriculum standards which highly support the regulations. She also wanted to thank the committee for providing expertise for the legislative terminology.

Mr. Bob McDermott, Kaiser Permanente, commented regarding Ms. Martin raised the issue about scope of practice, and was disappointed to read in the minutes that this committee took absolutely no action or direction. As far as supervision, he would recommend that RHB look at the medical education standards that residency programs use and incorporate "personal" to have personal, direct, and general supervision. Lastly, as a former member of RTCC involved in fluoro, there is still a standing recommendation from the RTCC to the RHB that fluoroscopy be included in the CRT, and get one certificate, yes, you may pay more in fees, but it would only be one, and would recommend the committee and RHB consider the one certificate.

Ms. Nancy Perkins, Bakersfield College recommended that the XT committee address the bridging that we would hope happen in the future between XT and CRT schools. The documentation that was passed out today was great, but we need to look at definitions on matching. Direct supervision, indirect supervision, general supervision, and the appropriate language from Mr. Scott's presentation. Also, a comment requesting anyone who has interest and expertise in fluoroscopy volunteer to help on that committee. Dr. Bentley and Melissa Martin, two educators, and an RHB representative combine this small group, thus she would like more members to participate. She suggested that we not address a motion to the level of certification for licentiates, since the documents are not published, because they are like early revisions of the draft. She proposes that the syllabus comprise of level one, level two, level three, and so on, but they should have levels of risks of knowledge that different groups need to acquire. Just for the record, it was not a unanimous vote to keep 1850 clinical hours as a recommendation, and she stated she was not one of them.

Anita Slechta, also would like to ask RTCC to consider changing the format of this meeting. Experts are in the community need to be heard from before you vote. I do not think any sub-committee chairperson is the expert. Their expertise is very limited. RTCC should want to have some input from the public prior to voting. Putting the public format period at the end does not serve the public well.

Ms. Ortega wanted to voice that it is the intent of the sub-committee for XT programs to definitely consider the work that was done in the previous sub-committee and to rest assure that almost everything has been incorporated.

Ms. Judy Rose, Merced College, stated that the minimum standards from the state are antiquated and needed to be revised. I do not think that RHB has the expertise in order to pull it all together in terms of curriculum and what we actually need and do at the college level. As program directors and educators, we do not have the expertise to do the regulations and it should be left up to the experts.

Chairperson Frieda Taylor concluded the meeting with an expression of thanks to all who had attended. Thanks to the committee chairs. Thanks to the RHB staff. Thanks to everyone. Discussion went back and forth on when the next RTCC meeting will be held.

The next RTCC meeting will be held on September 10, 2008 at The Doubletree Hotel, Sacramento, California.

The meeting was adjourned by Chairperson Taylor at 4:30 pm.

Respectively submitted by,

Donald E. Bunn, RTCC Coordinator